

PINAL REGIONAL PARTNERSHIP COUNCIL

FUNDING PLAN

July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

The funding plan submitted by the Pinal Regional Partnership Council has been developed based on information gathered from the Needs and Assets Report, regional asset mapping workshop, and input from key stakeholders.

The Pinal region comprises all of Pinal County, including the Ak-Chin Indian Community, and excluding the portions of the Tohono O'odham Nation and the Gila River Indian Community that fall within county boundaries. The area encompasses over 5,369 square miles, which is composed of urban and rural areas, and has seen an accelerated growth pattern within a majority of the county. The Pinal region is located between two major metropolitan areas, Maricopa County and Pima County. This desirable, accessible, location has been a key contributor to recent massive population growth. Since 2000 the population in the region has grown 69 percent, exceeding the state's rate of growth of 24 percent. There are now over 276,226 people living in Pinal County. The regional area has also seen a rapid decrease of population within the far east portion of the county. This decrease has been connected to the mining cease in August 1999 and the final closer in October 2002.

The Pinal region is a collection of unique cities and unincorporated communities. Our largest city is Casa Grande, with other significant population centers including: Apache Junction, Florence, Eloy, Coolidge, and Maricopa- which only became an incorporated city in 2003. Numerous other smaller communities also make up the Pinal region including: Mammoth, Superior, Arizona City, Picacho, San Manuel, Toltec, Stanfield, Ray, Red Rock, Oracle, Gold Canyon, Queen Valley, Eleven Mile Corner, Mobile, Valley Farms, Goldfield, Tortilla Flat, Twilight Trails, Valley Farms, Picacho Pass, Queen Creek (Pinal county side), and Kearny.

There are approximately 29,592 (7 percent of the total population) children, ages 0-5, living within the Pinal region. Many of the children lives include risk factors as part of their day-to-day home environment or family structure. For example, the percentage of grandparents raising their grandchildren has risen to 62 percent; which is over the state average of 41 percent. While the Pinal region has also seen a decline in teen parents over the past five years, it still remains 2 percent higher than the state average.

To keep pace with the population growth, the region has had a remarkable growth period in new home development over the last 10 years, but has not seen an equal amount of commercial business and social services to support the needs that come with this major population growth. Working families have to seek employment outside the region, typically in Maricopa County and Pima County, to support their families. The median household income for Pinal County in 2006 was \$43,142 which was about 9 percent less than the State median income of \$47,265.

Families in the Pinal region are finding it difficult to access high quality early care and education programs due to lack of availability of programs. This has left a large percentage of the population either turning to unregulated care or to utilizing care outside of the region. There are 17 early care and education centers (25 percent of the total number of center based programs) in the Pinal region that are Nationally Accredited, and none of the accredited programs serve children ages 0-2 years. The Pinal region has a 68 licensed center based programs and 94 regulated family child care homes. During the asset mapping workshop held by the Regional Council, the significant efforts in the region to improve early childhood education in the Pinal region were highlighted. Partnerships comprised of organization such as Central Arizona College, United Way of Pinal, Pinal Gila Community Child Services, and Central Arizona Association for the Education of Young Children have been working together for several years to improve early care and education. These partnerships have developed the Child Care Collation "C3" Directors Network, the Pinal Leadership Academy, and have piloted two quality improvement programs. The Regional Council recognized the need to continue the work that has begun and build on these efforts in order to significantly move the quality of early childhood education forward.

In Pinal County less than 1 percent of children received Arizona's Early Intervention Program (AZEIP) screening at 0-12 months and less than 2 percent of children received AZEIP screening at 0-36 months in 2006. There are many challenges for Arizona's Early Intervention Program in being able to reach and serve children and parents: speech, physical, and occupational therapists are in short supply; families and health care providers are frustrated and blocked by the complexity of procedures required by both private insurers and the public system. There is a need for both services and coordination of existing services.

In order to gain additional information on early care and education in the region, the Pinal Regional Partnership Council held an Asset Mapping Workshop on June 25, 2008, that was attended by community members and Regional Council members. The following areas were identified as the assets and changes needed in the community.

A.) Assets, strengths, and resources that exist in the region:

- Arizona Early Intervention Program
- Central Arizona College – Early Childhood Education
- Healthy Families - Home Visiting Program
- Head Start & Early Head Start
- Success By 6 – Early Childhood Initiative

B.) Changes that would make a positive impact and ideal changes for the region.

- Increased standards and expectations for quality of care across the continuum
- Focus on increased parental education and education/service delivery systems

The Pinal Regional Needs and Assets Report identified many of the concerns that were shared by the Pinal Regional Partnership Council. As the region continues to grow in population, so do the needs for services for young children and their families. There are many challenges and opportunities in the Pinal region related to ensuring that all children are healthy and ready for success. The Pinal region has opportunities to support, expand, and coordinate quality programs and services already in place and to

design strategies to leverage those strengths to meet the identified needs and challenges facing children and families in this region.

The Pinal Regional Partnership Council has participated in a strategic planning process and held a Regional Asset Mapping Workshop with local key informants to increase the Regional Council's understanding of the existing local resources and identify the needs that are most pressing. Based upon this work the Pinal Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. There is a need for additional support and resources for Medical professionals serving children ages zero through five years
2. Families with children ages zero through five years do not have access to preventative screening and referral services
3. Families have limited access to high quality early care and education programs
4. Family home providers have limited opportunities to increase their knowledge and skills sets
5. Parents have limited access to parental education and education/service delivery systems
6. The region lacks highly qualified early care and education professionals
7. Limited understanding and information about the importance of early childhood development and health

II. Prioritized Goals and Key Measures

With the prioritized needs identified, the Pinal Regional Partnership Council has selected the following Goals and Key Measures to guide the direction of work:

Need: Health – Additional support and resources for the Medical professionals serving children age 0-5

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area
- Total number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of children receiving appropriate and timely well-child visits
- Total number and percentage of children with health insurance
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health

Need: Health – Families with children ages 0-5 do not have access to preventative screening and referral services

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal #6: FTF will expand use of early screening in health care settings to identify children with developmental delay.

Key Measures:

- Total number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of children receiving appropriate and timely well-child visits
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

Need: Quality and Access – Families have limited access to high quality early care and education programs

Goal #1: FTF will improve access to quality early care and education programs and settings.

Goal #3: FTF will increase availability and affordability of early care and education settings.

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Total number of early care and education programs participating in QIRS system
- Total number of children enrolled in early care and education programs participating in QIRS system
- Total number and percentages of early care and education programs participating in QIRS system with high level of quality as measured by environmental rating scale
- Total number and percentages of early care and education programs participating in QIRS system improving their by environmental rating score
- Total number and percentage of early care and education programs with access to a Child Care Health Consultant

Need: Quality and Access – Family home providers have limited opportunities to increase the knowledge and skills sets

Goal #3: FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Retention rates of early childhood development and health professionals
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

Need: Family Support – Parents have limited access to parental education and education/service delivery systems

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
- Percentage of families with children birth through age five who report reading to their children daily in their primary language

Need: Professional Development – The region lacks highly qualified early care professionals

Goal #8: FTF will build a skilled and well prepared early childhood development workforce.

Goal#9: FTF will increase retention of the early care and education workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree
- Retention rates of early childhood development and health professionals

Need: Communication - Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts

Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

III. Strategy Selection

The proposed strategies build on the foundational strategic planning of the Pinal Regional Partnership Council. These initial stages of improving the services to families and children will serve as the beginning of our Regional Council's work. These improvements are designed to be a part of our larger strategic plan which, in upcoming years, will increase the coordination, communications, and efficiency of our early childhood system.

The Pinal Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
Need #1 Additional support and resources for the Medical professionals serving children age 0-5	Health Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care. Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area Total number and percentage of children receiving appropriate and timely oral health visits Total number and percentage of children receiving appropriate and timely well-child visits Total number and percentage of children with health insurance Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health	Strategy #1 Increase medical professional's use of recommended guidelines for preventative medical and oral health care First Year Strategy Components <ul style="list-style-type: none"> Develop an annual early childhood development and health medical conference Conduct a Regional Medical Professional Survey Strategy #2 Increase outreach to address the following critical health needs: insurance enrollment, oral health, nutrition, immunizations, and well child care (medical/dental homes)

Identified Need		Goal		Key Measures		Strategy	
Need #2		Health				Strategy #3	
Families with children ages 0-5 do not have access to preventative screening and referral services		<p>Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p> <p>Goal #6: FTF will expand use of early screening in health care settings to identify children with developmental delay.</p>		<p>Total number and percentage of children receiving appropriate and timely oral health visits</p> <p>Total number and percentage of children receiving appropriate and timely well-child visits</p> <p>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</p>		<p>Increase children's access to preventative health care by providing oral, vision, and hearing screening, education and referral</p> <p>Strategy Components</p> <ul style="list-style-type: none"> • Screenings • Parent/provider education • Referrals <p>Proposed Service Numbers</p> <p>5000 children</p>	
Need #3		Quality & Access				Strategy #4	
Families have limited access to high quality early care and education programs		<p>Goal #1: FTF will improve access to quality early care and education programs and settings.</p> <p>Goal #3: FTF will increase availability and affordability of early care and education settings.</p> <p>Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>		<p>Total number of early care and education programs participating in QIRS system</p> <p>Total number of children enrolled in early care and education programs participating in QIRS system</p> <p>Total number and percentages of early care and education programs participating in QIRS system with high level of quality as measured by environmental rating scale</p> <p>Total number and percentages of early care and education programs participating in QIRS system improving their by environmental rating score</p> <p>Total number and percentage</p>		<p>Expand the number of programs participating in the <i>Quality First!</i> Quality Improvement and Rating System</p> <p>23 Units: Homes 10, Centers 13</p> <p>Strategy #5</p> <p>Provide Child Care Health Consultation; plan for behavioral health consultation</p>	

Pinal Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$4,572,030

		of early care and education programs with access to a Child Care Health Consultant	
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Identified Need	Goal	Key Measures	Strategy
Need #4 Family home providers have limited opportunities to increase the knowledge and skills sets	Quality & Access Goal #3 FTF will increase availability and affordability of early care and education settings.	Retention rates of early childhood development and health professionals Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	Strategy #6 Recruit and Support Early Care and Education Home Providers
Need #5 Parents have limited access to parental education and education/service delivery systems	Family Support Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being Percentage of families with children birth through age five who report they maintain language and literacy rich home environments Percentage of families with children birth through age five who report reading to their children daily in their primary language	Strategy #7 Develop, enhance or expand comprehensive family/parent education and support services through home-visiting to serve families with children prenatal to ages 3 Strategy #8 Improve coordination of Family Support services; and provide enhancement or expansion grants to existing family support services

Identified Need	Goal	Key Measures	Strategy
Need #6 The region lacks highly qualified early care professionals	Professional Development Goal #8: FTF will build a skilled and well prepared early childhood development workforce. Goal#9: FTF will increase retention of the early care and education workforce.	Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree Retention rates of early childhood development and health professionals	Strategy #9 Increase the number of tuition-based college course scholarships Strategy #10 Expand and enhance existing community based early care and education training and support for professional development Strategy #11 Implement a salary incentive program to increase wages and retain the early care and education workforce Strategy #12 Coordinate and implement a regional scholarship system to recruit new professionals to the early child care workforce
Need #7 Limited understanding and information about the importance of early childhood development and health	Communication Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts	Strategy #13 Develop an awareness campaign about early childhood development and health and First Things First and increase awareness of programs and services through distribution of resource information

Strategy Worksheets

Strategy #1: Increase medical professional's use of recommended guidelines for preventative medical and oral health care

Plan and Host an Annual Medical Conference

The Pinal Regional Partnership Council would like to develop regional opportunities for supporting continual medical education around early childhood health and development. Bi-annually, health care physicians are required to receive 40 hours of CME (Continuing Medical Education¹) to retain their Arizona Medical Board Certification. There is an opportunity to develop communication and networking among regional health care physicians through an annual medical conference focused on early childhood health and development. In addition, this strategy will enhance specialized skills of the health workforce to promote the healthy development of young children. One of the best ways to reach health care professionals is during initial and ongoing education and training.

First Year Strategy Components

- Develop an annual early childhood development and health medical conference
- Conduct a Regional Medical Professional Survey (This survey will be in conjunction with the strategy #2 survey)
 - Identifying CME topics and needs
 - Current knowledge of early childhood development
 - Awareness of community resources and referral processes
 - Improving delivery of preventive or developmental delay related services
 - Assistance with informing and designing the future conferences

Second Year Strategy Components

- Implementation of an annual early childhood development and health medical conference
- Post conference evaluation
 - Data collection on the effectiveness of the conference
 - Conference information is implemented within the physicians' practice
- Regional health advisory committee for planning of upcoming conferences

Third Year Strategy Components

- Implementation of an annual early childhood development and health medical conference
- Post conference evaluation
 - Data collection on the effectiveness of the conference
 - Conference information is implemented within the physicians' practice
- Regional health advisory committee for planning of upcoming conferences

The Conference Advisory Committee will include members from the region; such as physicians, Regional Council Members, and members of the Arizona Medical Association, the Arizona American Academy of Pediatrics, and the Arizona Dental Association.

Research Notes

Continuing Medical Education (CME) is defined as educational activities that serve to maintain, develop, or increase the knowledge, skills, performance, and relationships a physician uses to provide services for patients, the public, or the profession. Understanding what CME tools and techniques are most effective in disseminating and retaining medical knowledge is critical to improving the effectiveness of CME and thus diminishing the gap between evidence and practice.¹

¹ AHRQ Publication No. 07-E006 Effectiveness of Continuing Medical Education, The Johns Hopkins University, Evidence-based Practice Center, Baltimore, MD. (January 2007).

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area

Total number and percentage of children receiving appropriate and timely oral health visits

Total number and percentage of children receiving appropriate and timely well-child visits

Target Population: Pinal and Ak-Chin Health Care Providers, 132 practicing physicians within the region, this includes Pediatricians, Dentists, Family Physicians, OBGYNs, and Emergency/Urgent Care centers

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	Planning	132 physicians	132 physicians

Performance Measures Survey SFY 2010

1. Protocol/methodology to be reviewed by First Things First Evaluation Division
2. Data collection instrument to be reviewed by First Things First Evaluation Division
3. Data to be submitted to First Things First Evaluation Division
4. All criteria must meet predetermined questions of the Pinal Regional Partnership Council

Performance Measures are to start in year SFY 2011-2012

5. Total number and percentage of children referred for early intervention by physicians / actual service #
6. Total number and percentage of children screened/ proposed service #
7. Total number and percentage of medical and oral health professional increase their knowledge of early childhood health and development
8. Total number and percentage of medical and oral health providers utilizing community early childhood development and health resources/services

How is this strategy building on the service network that currently exists: The Pinal Regional Partnership Council plans to work with the Arizona Medical Association and the Arizona American Academy of Pediatrics in developing and implementing the annual medical conference related to early childhood health and development.

What are the opportunities for collaboration and alignment: Currently there are several annual medical conferences nationwide that provide physicians with a CME accreditation. We feel this is an opportunity to collaborate with the Arizona Medical Association, the Arizona American Academy of Pediatrics, Arizona Academy of Family Physicians, and other medical associations/academies in Arizona.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$15,000.00
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Budget Justification:

First year would be for surveying, development and planning with implementation in year two.

\$5,000.00 - Regional Advisory Committee for planning - \$5,000.00 will be for the advisory committee meeting costs and materials.

\$10,000.00 - Conduct a Regional Medical Professional Survey - (This survey will be in conjunction with the strategy #2 survey).

Strategy #2: Increase outreach to address the following critical health needs: insurance enrollment, oral health, nutrition, immunizations, and well child care (medical/dental homes)

A. Conduct health insurance outreach and enrollment assistance for eligible children

Children without medical insurance have a difficult time obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.¹

According to the 2005 Small Area Health Insurance Estimates: *Residents of Pinal County*, almost 3,250 children are estimated to be uninsured in the region.² Across the nation, as many as half of children who are uninsured qualify for publicly funded health insurance coverage (such as KidsCare or AHCCCS), but are uninsured.³ Children whose families earn up to 200 percent of the Federal Poverty Level generally qualify. According to the Pinal Region's recently completed Needs and Assets report, 33 percent of all children living in the region live at or below 200 percent of the Federal Poverty Level.

The strategy proposed aims to increase the number of children with health insurance through outreach and enrollment assistance in public health insurance programs. This strategy will build on and enhance existing efforts and will be launched in partnership with community-based organizations serving areas of the region where the uninsured are likely to reside or seek out other services. Those receiving enrollment assistance through this funded strategy will also receive informational materials on children's health (to include but not limited to: oral health, nutrition, immunizations, and well-child visits to include medical/dental home model information; as well as information on local resources and programs for parents on to these topics). According to a 2007 report from St. Luke's Health Initiatives,

outreach efforts for publicly funded health insurance can be effective in covering more children in health coverage. Successful efforts include public awareness campaigns, outreach and enrollment assistance by trusted health or social service oriented community-based organizations. Application assistance and follow up are integral parts of such efforts.⁵

Currently, 47 percent of the regions young children do not receive the recommended number of well child visits and preventative health care.⁴ As more children are enrolled in Medicaid or KidsCare there will be an increase in the number of children receiving their well child visits and preventative health care. However it is likely that there will be young children who do not receive their well child visits. The funding proposed for outreach in this area will also be used to educate parents about the importance of taking their children to the doctor regularly and receive timely preventative health care for their children (well child care/medical and dental home).

Research Notes

¹Children's Action Alliance (2000). *Make Kids Count: Closing the Gap in Children's Health Coverage*.

²Estimates based small areas Health Insurance Estimates Program. U.S. Census Bureau, July 2005

³Genevieve Kenney, et al. "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 1, 2003.

⁴Pinal Regional Needs and Assets Report, *First Things First*, 2008

⁵St. Luke's Health Initiatives: *Children's Health Insurance Outreach: What Works?* 2006.

B. Physician and Health Provider Outreach and Education

Physician Outreach and Education is a quality improvement initiative with the goal of promoting the healthy development of all children through coaching and technical assistance to physician practices throughout the region. This model approach is aimed at enhancing physician office assessment of parents concerns; promoting tracking and follow up mechanisms for children referred to AzEIP and other programs that serve children with mild or moderate delays; and assisting practices in identifying community resources that support child development based on the needs of the child and family.

Topics to include, but not limited to:

- Public Insurance Enrollment
- Oral Health
- Nutrition
- Immunizations
- Participation in Medical/Dental Homes

Strategy activities and characteristics include the following:

- Outreach to all medical practices quarterly including pediatric practices, family medicine, Federally Qualified Health Centers (FQHC), Community Health Centers, Indian Health Services and Tribal Health facilities.
- On-site education and coaching on enhanced use of parent assessments and parent education.
- On-site technical assistance and coaching on establishing systems to track referrals to early intervention services based on level of delay. Information and education regarding referral pathways and intervention services when delays are identified.
- On-site technical assistance and coaching on establishing systems to track referrals to family support services based on family screening. Information and education regarding referral pathways and services when needs are identified.

Expected Impacts and Change

- Increase in the number of physicians that provide developmental screenings using standardized screening tools at scheduled well child visits
- Increase in the numbers of children appropriately identified and referred for developmental services based on their level of delay and decrease the number of unnecessary referrals

- Increase physician understanding of the early intervention system and the additional resources for assisting children with mild delays or parental concerns
- Improve pathways of communication with early intervention programs and resources and reduce frustration of medical providers and families regarding the early intervention system
- Increase in physicians' use of parent surveys and other tools to enhance communication around parent perceptions and education

Research Notes

Inkelas, M., Regalado, M., & Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; May 2005. Building State Early Childhood Comprehensive Systems Series, No. 10.
Peacock, G., Zedan, D., & Mohammed, L. (2008). Proceedings from Act Early on Developmental Concerns: Partnering with Early Intervention. Teleconference

C. Enhance or expand existing programs and services to address parent knowledge, understanding, and behavior

The Regional Council will expand and/or enhance programs to support knowledge and use of quality health services and practices for their children in the following health areas:

1. Increasing parent use of existing health resources in one or more of the following: well child/medical home, oral healthcare, nutrition, and immunizations.
2. Increasing families' knowledge and use of recommended guidelines for preventative medical and oral health care

Applicants funded through this strategy will be required to demonstrate:

- Evidence that the proposed approach will have demonstrated impact and measureable outcome.
- Initial planning for sustaining the approach following 2012.
- Service plans which address the diversity and vast geography of the region.

Successful grantees will :

- Provide the Regional Council with an action plan, quarterly updates, and quarterly impact reports.
- Demonstrate collaboration with existing services and all other First Things First funded strategies in the region.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures

Total number and percentage of children with health insurance

Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health

Percentage of families with children birth through age five who report they are competent and

confident about their ability to support their child's safety, health, and well-being

Target Population:

- A.** The strategy will target the population of families in our region with children ages 0 -5 who are likely to qualify for public health insurance, yet are currently uninsured

Total young children in the region

- B.** To target physicians, pediatric practices, family medicine, Federally Qualified Health Centers (FQHC), Community Health Centers, Indian Health Services and Tribal Health facilities estimate 25 offices, locations in the region

- C.** Families with children ages 0-5 in the region

	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 - June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	<p>A > 500 eligible families with face to face encounters</p> <p>350 applications</p> <p>260 new children enrolled in KidsCare or Medicaid</p> <hr/> <p>B> 25 locations, quarterly (100 visits)</p> <hr/> <p>C> TBD grantee to define</p>	<p>A > 750 eligible families with face to face encounters</p> <p>500 applications</p> <p>375 new children enrolled in KidsCare or Medicaid</p> <hr/> <p>B> 25 locations, quarterly (100 visits)</p> <hr/> <p>C> TBD grantee to define</p>	<p>A > 750 eligible families with face to face encounters</p> <p>500 applications</p> <p>375 new children enrolled in KidsCare or Medicaid. 3 year Total 1010</p> <hr/> <p>B> 25 locations, quarterly (100 visits)</p> <hr/> <p>C> TBD grantee to define</p>

Performance Measures SFYs 2010 - 2012

A. Conduct health insurance outreach and enrollment assistance

- 1) Number of children with publicly funded health insurance in the region
- 2) Number of AHCCCS/KidsCare applications completed resulting in successful enrollment through regionally funded outreach efforts / proposed service numbers
- 3) Number and percent of children with health insurance under 200 percent of the Federal Poverty

<p>Level living in the region</p> <p>For the piloting strategy:</p> <p>1) # of AHCCCS/KidsCare reapplying for coverage within a year/ #of enrolled children</p> <p>B. Physician and Health Provider Outreach and Education</p> <p>1) Number of visits made/ proposed service number</p> <p>2) Number of health providers utilizing resources/ proposed service number</p> <p>3) Number of children with referrals to appropriate services</p> <p>C. Enhance or Expand Existing Services</p> <p>1) Number of children receiving appropriate and timely well-child visits following service/ children without service</p> <p>2) Number of children receiving appropriate and timely oral health visits/ children without service</p>	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: <p>Insurance enrollment outreach has occurred in the region, with limited and temporary funding, through efforts of contractors such as Sunlife Family Health Centers and Empowerment Network. This strategy is intended to build on the work established, to expand outreach, and requiring funded partners to work in collaboration with new and existing programs. The contractor must demonstrate:</p> <ul style="list-style-type: none"> Partnership with existing services Penetration to all communities Work with child care providers- coordinate enrollment events for enrollment Community events Organize and train other organizations who work with parents to enroll <p>This strategy will provide the opportunity to build on the work that has taken place and promote a consistent effort to enroll children on AHCCCS or KidsCare.</p>	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: <p>The proposed strategy would require the grantee(s) work with existing efforts in the region to plan, implement, and coordinate services. Demonstration must be made of efforts to eliminate duplication, to expand to new areas or methods) outreach and enrollment activities, establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.</p> <p>Additionally, the effort must demonstrate focus and effort to target the areas of the region where the number of “qualified but not insured” children is reported to be the highest.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
Population-based Allocation for proposed strategy	<p>A \$100,000</p> <p>B \$100,000</p> <p>C \$100,000 (available in grants \$10-20,000 per year)</p>

Budget Justification:

A) Outreach/enrollment \$75,000

Costs for a successful outreach and enrollment effort vary, depending on the population to be reached and the methods being used. Grant applicants will be asked to describe target population and methods of outreach to justify funding request. More than one applicant may be awarded a contract.

Potential costs to implement this strategy include staffing, outreach materials, and potential media.

Outreach and enrollment assistance contracts (one time) that recently ended with AHCCCS were for each for approximately \$20,000 for a six-month period.

Identify and pilot strategies to help families maintain insurance, eliminate the great amount of “churning” \$25,000

B) Funds requested to serve 25 locations, including pediatric practices, family medicine, Federally Qualified Health Centers (FQHC), Community Health Centers, Indian Health Services and Tribal Health facilities. \$100,000 annually for three years

C) Up to \$100,000 with the intent to award between grants for \$10,000 - \$20,000 each. Applicants will identify which of the areas of focus their outreach activities will address, as described above.

Strategy #3: Increase children’s access to preventative health care by providing oral, vision, and hearing screening, education and referral

The Pinal Regional Partnership Council conducted several discussions with local stakeholders within the health care network and concluded that there is need to expand preventative health care for children ages 0-5 years. This strategy will provide a non-invasive vision, hearing, and dental screening, parent and/or child care provider education, and appropriate referral to local health providers.

Strategy Components

- Screenings
- Parent/provider education
- Referrals

Vision Screening: Appropriate screening includes family/child history, visually examining the child’s eyes, and completing vision screening exercises. The screening process will recognize indications of

visual problems, and children are referred for further evaluation or treatment as determined. For many children vision impairment is not detected until entry into elementary school. Hearing loss in children affects the development of their speech and communication, which affects their educational, vocational, and social outcomes.

Hearing Screening: Hearing screening programs must include regular consultation by an audiologist. The hearing screening will result in gross observation of a child's hearing, providing a referral if needed.

Dental Screening: The following is a method of performing an oral health assessment for children: perform a visual screening, determine risk, and referral/recommendations. The purpose of this oral screening is to get a gross observation of how well a child's teeth are and providing a referral if needed. Oral disease is progressive and cumulative that if left untreated can lead to needless pain, suffering, difficulty in speaking, chewing and swallowing, missed school days, increased cost of care, and the risk of other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm low-weight births. Almost 9 percent of Arizona's kindergarten children have urgent dental care needs and 35 percent have untreated tooth decay.

Approaches to implement this strategy will be required to build on current funding streams, including public and private insurance and existing federal and state sources for billing. We will not replace existing funding streams.

Applicants funded through this strategy will be required to demonstrate:

- Evidence that the proposed approach will increase the number of children receiving screening, education and referral
- How the proposed approach will be sustainable without First Things First funding after SFY2012
- Provide the Regional Council with coordination with other providers and communication plan to the target population

Research Notes

¹ *Study School Vision, Hearing & Dental Screens, I. Begaye. (February 2006).*

Lead Goal: FTF will expand use of early screening in health care settings to identify children with developmental delay.

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

Total number and percentage of children receiving appropriate and timely well-child visits
Total number and percentage of children receiving appropriate and timely oral health visits
Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

Target Population: This strategy is intended to target all communities within the region with priority given to programs that will expand/implement services to the Ak-Chin Tribal Community.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
	5000 children	5500 children	6000 children
Performance Measures SFY 2010-2012 1. Total number and percentage of children receiving appropriate and timely oral health visits 2. Total number and percentage of children receiving appropriate and timely vision screenings 3. Total number and percentage of children receiving appropriate and timely hearing screenings 4. Total number and percentage of children screened and refer to appropriate services			
How is this strategy building on the service network that currently exists: This strategy proposes using existing points of contacts such as child care centers, dental offices, hospitals, and clinics to increase children’s access health services. Families would receive educational information through their child care providers or community events.			
What are the opportunities for collaboration and alignment: Delivery of screenings at existing early childhood service locations where providers serve as a point of contact for families with young children in their communities. Current screening and outreach does exist in the region. Grantees are asked to demonstrate current delivery in target areas, opportunity for partnership, expansion and enhancement of current services.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$500,000.00		
Budget Justification: \$500,000 available 1) Dental Health Care Screening – \$300,000.00 2) Vision Screening - \$100,000.00 3) Hearing Screening - \$100,000.00 Intent to award up to 10 grants for \$50,000 - \$500,000 each. Applicants will identify 1, 2 or 3 areas of screening activities to address. All grantees to provide: parent education, staff education for locations of screenings, screening, and referrals. This allocation is intended to allow for the enhancement and/or expansion of existing efforts.			

Strategy #4: Expand the number of programs participating in the *Quality First!* Quality Improvement and Rating System

This strategy would expand the number of centers/homes in the Pinal region beyond those funded through the statewide initiative. This region currently has 68 early care and education centers, and 94

child care homes. The Pinal Regional Partnership Council anticipates that 7 centers and 5 homes will participate in the first round of *Quality First!*. Because of the comprehensive nature of the *Quality First!* system, the Pinal Regional Partnership Council believes that additional participants will increase the number of high quality early care and education settings that are available to families. According to the Needs and Assets report for the region, there are only 17 total accredited centers in the region. The Regional Council's goal is to encourage all centers and family child care homes to participate.

Research conducted in 5 states, with long-term quality improvement and rating systems, e.g. CO, NC, PA, TN and OK, show significant improvement in the quality of programs/settings participating in quality improvement and rating systems. Research also shows that low income children receive a higher level of benefit from quality early care and education programs than children with higher income levels.

Because so many of Arizona's youngest children are enrolled in child care, early education, and preschool settings, the quality of programs is undeniably important. Just 15 percent of early care and education centers and less than 1 percent of family child care homes in Arizona are accredited by a national accreditation system; currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre¹ and poor quality settings may harm children or may be a barrier to optimal development.

The First Things First Board approved funding to design, build, and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Arizona will now have a system and working model of early childhood care and education quality standards, assessments and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators, and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina², Pennsylvania, Tennessee and Oklahoma³, show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components, such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System, by the RAND Corporation,⁵ suggests that the quality indicators, which produce child outcomes, measure not only the quality of the environment, but also the quality of interactions in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*

Research Notes

¹ Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)

² Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) Validating North Carolina's 5-star child care licensing system. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center

³ Norris, D., Dunn, L., & Eckert, L. (2003). "Reaching for the Stars" Center Validation Study: Final report. Norman, OK: Early Childhood Collaborative of Oklahoma.

⁴ LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.

5 Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality. Rand Corporation.

Lead Goal: FTF will improve access to quality early care and education programs and settings.
Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

Total number of early care and education programs participating in QIRS system
Total number of children enrolled in early care and education programs participating in QIRS system
Total number and percentages of early care and education programs participating in QIRS system with a high level of quality as measured by an environmental rating scale
Total number and percentages of early care and education programs participating in the QIRS system improving their environmental rating score

Target Population: This strategy is targeted to the 94 certified homes and 68 licensed child care and education centers within the Pinal region. The Pinal Regional Partnership Council would like to have one *Quality First!* slot designated to the Ak-Chin community.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
	23 Units 10 Homes 13 Centers	-continue FY10 providers; add +11 Units Totaling 15 Homes 19 Centers	-continue FY11 providers; add +11 Units Totaling 20 Homes 25 Centers

Performance Measures SFY 2010-2012

- 1) Total number and percentage of children served at target quality level / proposed service numbers
- 2) Total number and percentage of ethnic or low socio-economic level children at early care centers /actual service numbers
- 3) Total number and percentage of quality early care and education programs/ proposed service numbers
- 4) Total number and percentage of centers served / proposed service numbers
- 5) Total number and percentage of centers moving from 1 star rating to 3 star rating/ proposed service numbers
- 6) Total number and percentage of quality early care and education programs increasing score/ proposed service numbers

How is this strategy building on the service network that currently exists: First Things First will fund 7 centers and 5 homes through the *Quality First!* statewide effort. The Pinal Regional Partnership Council

will build on the state system by funding an additional 13 centers and 10 homes, bringing the number of participating centers to 29 percent of the total number in the region, and 16 percent of the total number of homes in the region. If the number of centers and homes in the region remain relatively constant and there is little to no attrition among participating programs, this strategy will allow the Pinal region enroll 95 percent of centers and 50 percent of the homes in the *Quality First!*

What are the opportunities for collaboration and alignment:

It is anticipated that (and the Regional Partnership Council will actively support) the components of *Quality First!* will encourage increased partnership between existing early childhood service agencies and the child care programs in the region.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$687,700.00
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Budget Justification:

This budget includes providing *Quality First!* participation to: (The size of centers breakdown could vary based on the centers that apply for *Quality First!*) The Pinal Regional Partnership Council plans to fund all applicants for the full 3 year of *Quality First!* program.

Year 1

5 Centers <50 @ \$30,400 = \$152,000.00
4 Centers 51-150 @ \$32,900 = \$131,600.00
4 Centers >150 @ \$37,900 = \$151,600.00
10 Homes @ \$25,250 = \$252,500.00

Year 2 addition of 11 sites

2 Centers <50 @ \$30,400 = \$60,800.00
2 Centers 51-150 @ \$32,900 = \$65,800.00
2 Centers >150 @ \$37,900 = \$75,800.00
5 Homes @ \$25,250 = \$126,250.00

Year 3 addition of 11 sites

2 Centers <50 @ \$30,400 = \$60,800.00
2 Centers 51-150 @ \$32,900 = \$65,800.00
2 Centers >150 @ \$37,900 = \$75,800.00
5 Homes @ \$25,250 = \$126,250.00

Strategy #5: Provide Child Care Health Consultation, and plan for addressing behavioral health in year two, in order to improve children's health, safety and the quality of provider interactions children; and increase early identification of health or developmental concerns.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support to early care and education providers. The Regional Council will build on this statewide strategy with one additional Child Care Health Consultant (CCHC). The additional consultant will serve providers not participating in *Quality First*!

In year one:

- a. One additional Child Care Health Consultant
- b. Conduct a study and develop a plan that identifies the best method for providing assistance to increase health and safety at lawful unregulated family homes
- c. Assess needs and design an implementation plan for addressing behavioral health concerns in early care and education settings

a. Child Care Health Consultation

There are more than 21 published outcomes studies and 58 additional evaluations, presentations, and monographs that validate the impact of CCHC on early childhood education programs.¹ Research data shows that when child care facilities receive health consultations, the health and safety of the facility is improved as follows:

- Reduction of hazards and risky practices in child care settings related to:
 - Safe active play
 - Emergency preparedness
 - Nutrition and food safety
 - Utilization of safe sleep practices and SIDS risk reduction
- Reduction of infectious disease outbreaks
- Reduction of lost work time for parents
- Improved written health policies
- Increased preventive health care for children²
- Data from the Tucson *First Focus on Quality* pilot project of a quality improvement and rating system shows improved health and safety practices in child care settings related to child care health consultation.³

b. Conduct a study and develop a plan that identifies the best method for providing assistance to increase health and safety at lawful unregulated family homes

The Pinal Regional Partnership Council realizes the need to research and plan the best approach for providing assistance to increase the health and safety in child care homes. To address this issue a study and planning period will lead to determination of strategic direction for the next years.

c. Assess needs and design an implementation plan for addressing behavioral health concerns in early care and education settings

Research shows that behavioral, developmental, and mental health coaching delivered in typical early childhood settings is an effective preventive intervention that addresses mental health, behavioral, and developmental problems in early childhood. The literature suggests that children who struggle with behavioral and emotional problems at this young age have a 50 percent chance of continuing to struggle into adolescence and adulthood.

Positive research findings indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. The earlier the intervention begins, the better the prognosis. Early childhood providers have indicated that the most helpful types of assistance to support them in caring for children with challenging behaviors are:

- On-site consultation with a mental health expert
- Workshops on behavior management strategies
- Written materials on behavior management strategies

Directors and administrators of early childhood programs are being challenged to consider and offer creative ways to build their staff's capacity to address the mental health concerns of children and families living with many risks and stressors. They understand that there are no "quick fixes" and that their objective requires attention, time, and resources. However, providing staff support and mental health skill development pays off with "better problem solving skills, greater staff confidence in coping with difficult situations, a wider range of concrete strategies to help children and families, and the provision of a safety valve which enables staff to share their frustrations and to celebrate the victories of their work".⁴

A study of pre-kindergarten expulsions, conducted by Yale University Child Study Center, reports that more than 10.4 percent of pre-kindergarten teachers expelled at least one child. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for-profit centers. When teachers reported having access to a mental health consultant that was able to provide classroom based strategies for dealing with challenging student behavior on a regular basis, the rates of expulsion were significantly lower in all settings.⁵

A Mental Health Consultant (MHC) in early childhood may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. On-site consultations with a mental/developmental health expert can provide helpful assistance to support early childhood providers and build staff capacity in caring for children with challenging behaviors. Collaborative relationships among consultants, early childhood service staff, service providers, and families are the essential contexts in which support for early social and emotional development, and intervention for mental/behavioral health concerns takes place.⁶

After many discussions with stakeholders, the Pinal Regional Partnership Council sees a need to research, survey, and plan for ways to address the behavioral health needs of young child in the region. There will be funding for a child care center survey to identify behavioral health needs in year one, with the potential to expand a fully funded behavioral health consultant in year two.

Research Notes

¹ Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K. *The Influence of Child Care Health Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources.* (August 2006).

² Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources, Educational Development Center, Newton, Ma.*

³ *First Focus on Quality: Final Evaluation Report United Way of Tucson and Southern Arizona, Tucson, Arizona, August 2006,*
<http://www.unitedwaytucson.org/images/pdf/ELOA%20Final%20Reportpdf.pdf>

⁴ Yoshikawa & Knitzer, 1997

⁵ Gilliam, Walter S. PhD, Yale University Child Study Center, "Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems, May 2005

⁶ US Department of Health and Human Services, Substance Abuse and Mental Health, "Starting Early Starting Smart" Accessing Costs and Benefits of Early Childhood Intervention Programs" www.casey.org or www.samhsa.gov

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures SFY2010:

Total number and percentage of early care and education programs with access to a Child Care Health Consultant

Target Population

This CCHC will serve 94 certified homes and 68 licensed centers within the Pinal region and will include the Ak-Chin care provider. Services will be for homes and center not participating in *Quality First!*.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
	a. 30 b. Study c. Study	a. 60 b. TBD c. TBD	a. 60 b. TBD c. TBD

Performance Measures SFY2010-2012 for CCHC

1. Percent of children enrolled in child care centers or homes in the region having health coverage
2. Number of children with special health care needs attending regulated child care homes or centers in the region
3. Number of child care homes and centers receiving a visit from a child care health consultant

Performance Measures for both surveys SFY2010

1. Protocol/methodology to be reviewed by First Things First Evaluation Division
2. Data collection instrument to be reviewed by First Things First Evaluation Division
3. Data to be submitted to First Things First Evaluation Division

Performance Measures to begin in SFY2011

1. Number of homes in the region receiving health and safety assistance
2. Improvements in child care home health and safety
3. Number of centers or homes in the region receiving behavioral or mental health consultations

<p>How is this strategy building on the service network that currently exists: This strategy builds upon the infrastructure that will exist through statewide implementation. The Pinal Regional Partnership Council will build on the state system by supporting an additional consultant to serve in the region. This strategy will provide a consultant who will serve providers that are not participating in <i>Quality First!</i>, and can benefit from these support services.</p>	
<p>What are the opportunities for collaboration and alignment: This strategy aligns with the statewide initiative since it will utilize the infrastructure for child care health consultants. Accordingly, all trainings and evaluations conducted through this strategy will be coordinated with child care health consultations being performed in other regions.</p> <p>For our studies the Pinal Regional Partnership Council plans to collaborate with other regions, such as the Northeast Maricopa region and North Phoenix region; which are looking to provide mental health consultations to centers and homes throughout their region in SFY2010. The region will align the Regional Council's work with the early childhood mental health resources and expertise in our state.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</p>	
<p>Population-based Allocation for proposed strategy</p>	<p>\$130,000.00</p>
<p>Budget Justification: \$100,000.00 + \$10,000.00 for travel - One Child Care Health Consultant with a caseload of 30 Centers/Homes. The Regional Council anticipated additional cost due to mileages and geography of our 5,369 square within our region.</p> <p>\$10,000.00 - To study, research, and report on the health and safety needs of lawful unregulated family home providers. With a report on finding to be made to the Pinal Regional Partnership Council. Furthermore, the conclusion of the study is to provide recommended approach to address identified needs.</p> <p>\$10,000.00 - To study, research, and report on the behavioral/developmental/mental health issues of regulated child care center and homes. With a report on finding to be made to the Pinal Regional Partnership Council. Furthermore, the conclusion of the study is to provide recommended approach to address identified needs.</p>	

Strategy #6: Recruit and Support Early Care and Education Home Providers

The Pinal Regional Partnership Council is responding to a critical need to improve the quality of care in lawful unregulated child care homes. The Regional Council recognizes that unregulated care is part of the early care and education system. Over 60 percent of the children (17,400) ages 0-3 years within the Pinal region are being cared for by unregulated family home care providers. The Pinal Regional Partnership Council recognizes the complexity of this issue and intends to improve the quality of lawful unregulated family homes and support moving to regulation as appropriate. The strategy will improve the quality of care for child care homes caring for 4 or fewer children.

Through a 12 month series of trainings are to include health & safety, nutrition, developmentally appropriate practices, and best business practices. The child care home providers will participate in an initial and post-training assessment using a recognized quality assessment tool (Family Child Care Environmental Rating Scale, Revised Edition). To support homes needing improvements, supplies or training in order to become regulated, funding up to \$2,500 per home will be available.

Program Components

- Develop training materials utilizing existing resources
- Recruitment of family home providers
- Pre-environmental assessment
- Information, education and support to become regulated
- Development of a improvement plan
- Coaching and access to grant funds to address improvements
- Monthly trainings - (This strategy is in conjunction with the strategy #10)
- Post-environmental assessment

Family child care (or child care home provider, or family, friend, and neighbor care) is generally the first choice for alternative care arrangements for infants and young children whose parents are not available during working hours. Child advocates and child development specialists have worked to establish standards for quality family child care. The success of these efforts, however, has been hampered by difficulties in attracting providers to come into and remain in family child care. Although most states regulate family child care, a significant underground of unregulated and unlicensed providers exists. Many children receive quality care from unlicensed providers, but developing ways to recruit, train, and retain qualified family child care providers is a continuing concern.

The high prevalence of family child care for infants and toddlers, coupled with research evidence suggesting cause for concern about quality in these settings, points to a critical need for policies and programs to support family child care in providing quality care. A number of state and local agencies are exploring strategies for supporting caregivers; however, relatively little is known about how to engage them effectively and provide services in ways that support the quality of care they provide for young children.¹

Evidence suggests that training provided to home-based family, friend, and neighbor caregivers can result in positive outcomes for children. For example, recent evidence from the Association for Supportive Child Care and VSUW partnership “Kith and Kin” program; that provided training and support to family, friend, and neighbor caregivers, shows that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. The impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing a daily schedule for the children; 3) Encouraging providers to join their local library; 4) Setting up a written agreement with parents regarding child care arrangements and 5) Increased knowledge regarding the Child and Adult Food Program. Participants in this program have

also identified that their motivation to provide care is not monetary, and consequently, while identifying an interest in becoming a better provider, most are not interested in becoming “regulated” and do not want to provide services to other children in the community.

Because of the need to increase understanding of the effectiveness of this strategy the grantee is asked to gather data and perform outcome reporting. In addition this grantee will be asked to work and collaborate with the Regional Council’s study described in strategy #5. Furthermore, child care providers in this strategy will be encouraged to participate in other professional development opportunities.

Research Notes

¹ ERIC Education Resource Information Center, ED496388, *Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Final Report*, <http://eric.ed.gov>

Lead Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

1. Retention rates of early childhood development and health professionals
2. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

Target Population :

This strategy targets lawfully operating unregulated home care providers (serving four or fewer children).

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
	60 Home Providers	60 Home Providers	60 Home Providers
Performance Measures SFY 2010-2012 1. Number of new family child care home providers that become regulated 2. Number of family child care home providing improving the quality of care as determined by the environmental assessment 3. Number of children served in regulated family child care homes in the region			
How is this strategy building on the service network that currently exists: Lawful, unregulated family child care currently is a large part of the child care within the region. This strategy will build on current efforts to improve the quality and safety.			
What are the opportunities for collaboration and alignment: Collaboration is required within the region and with resources in the state: child care health consultants, professional development scholarship systems, DES recruitment of regulated home care, kith and kin services.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$355,000.00		
Budget Justification: \$5,000.00 - Survey of numbers and locations of child care providers, likely participants and barriers to participation, lawful unregulated family homes with a follow up on findings to be reported to the Pinal Regional Partnership Council. \$200,000.00 –Family Child Care Educators with a total caseload of 60 homes to include all costs: staff, administration, travel, instruction, materials and supplies. \$150,000.00 – for up to 60 Improvement Stipends @ up to \$2,500 each, to support the costs associated with regulation requirements.			

Strategy #7: Develop, enhance or expand comprehensive family/parent education and support services through home-visiting to serve families with children prenatal to ages 3

There are currently several successful home visiting programs in the Pinal region, but they serve limited numbers of families or they do not currently have the capacity to serve the smaller outlying and rural communities in the region. At present, fewer than 250 families receive home visiting services in a region that has more than 29,000 children ages 0-5. There are many communities in the region that do

not have access to home visiting services because of their geographic location or because of eligibility requirements. This strategy will allow existing programs to expand their areas of service delivery, and/or expand eligibility to families who do not have to meet income or high-risk eligibility requirements.

The Pinal Regional Partnership Council expects that home visiting services funded under this strategy will offer a comprehensive program to the families they serve. Specifically, each family should receive information and support in each of the focus areas below:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Families support and education
- Resource and referral information
- Health-related issues (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes)
- Child/Family literacy

The research literature suggests that the most effective home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. When delivered well, home visiting services convey great respect for families because they indicate that the service system is coming to the family, rather than the other way around. In addition, because home visitors actually see the households of the families they serve, they may be better able to tailor services to meet family needs.¹

A home visitor is a trained professional in child development that makes regular, scheduled visits to homes with infants, young children, or families expecting a child. They answer questions, provide information and resources, assist parents with their parenting skills, or provide early detection of any developmental problems. The home visiting professional will help promote effective parenting, will encourage families to enroll with a health insurance program, receive prenatal care and seek out a consistent medical home. The home visitor works with families to identify the services that they need and the subsidies to which they are entitled, because some families may not be aware of their eligibility for certain services or funding streams. The families will also be assisted with the application paperwork, which can be onerous, by helping them fill out the forms and to negotiate with other service providers to make sure they are served promptly.

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops nurturing and attachment, knowledge of parenting and of child development, parental resilience, social connections, and support for parents. Research suggests that improving fundamental parenting practices reduces the likelihood of problem behaviors in children. It has been shown that parent-child relationships can be enhanced through parent training and family strengthening programs.³

Research Notes

¹Barnard, K. (1998). *Developing, implanting and documenting interventions with parents and young children*. *Zero to Three*, 18(4) 23-29.

²Meeker, Elizabeth and Levison-Johnson, Jody. *Evidence-Based Parenting Education Programs: Literature Search, September 2005*. Coordinated Care Services, Inc.

³ www.nursefamilypartnership.org

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.

Key Measures: Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being Percentage of families with children birth through age five who report they maintain language and literacy rich home environments Percentage of families with children birth through age five who report reading to their children daily in their primary language			
Target Population: This strategy is intended to target all families that are not already receiving home visiting and/or other outreach services within the region with priority given to programs that will expand/implement services to the Ak-Chin Tribal Community.			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
	100 Families	100 Families	100 Families
Performance Measures SFY 2010-2012 1. Total number and percentage of families receiving home visiting services/Actual # 2. Total number and percentage of families that reported satisfaction with provided home visiting support 3. Total number and percentage of families showing increases in parenting knowledge and skill after receiving home visiting support 4. Total number and percentage of families reporting an increase in the # of days family reads			
How is this strategy building on the service network that currently exists: There are currently several home visiting programs that serve families in the Pinal region.			
What are the opportunities for collaboration and alignment: This strategy provides an opportunity to build on these existing services by allowing them to expand and serve areas or populations that do not currently serve families with children prenatal to ages 3. Other regional partnership councils are recommending this strategy which will provide a potential opportunity for agencies to collaborate on their application as well as their service delivery.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based allocation for proposed strategy	\$400,000.00		
Budget Justification: \$400,000.00 - Average cost is estimated to be \$4,000.00/family/year - based on a review of three existing home visiting services. The strategy is intended to expand proven home visiting services.			

Strategy #8: Increase coordination of Family Support services, and provide enhancement or expansion grants to existing family support services

The goal of the Family Support Consortium is to ensure that all families have the information and support they need to be effective parents by creating a coordinated network of services. Currently there is not a mechanism to coordinate services, identify and address gaps in service, reduce duplication, or ensure that families are referred to the services that best fit their needs.

The Pinal region has a number of effective programs, however, the services are not coordinated and there is a lack of knowledge about what is available. Programs are provided by numerous organizations and may have different eligibility requirements, enrollment processes, and outreach efforts. The Family Support Consortium provides the mechanism for parenting education/support programs to develop comprehensive service systems.

The Consortium Network will meet at least monthly and will be required to make a report for the Pinal Regional Partnership Council at the end of each quarter. The Consortium Network will provide a report containing the existing family support services, gaps in service (taking into consideration availability of services by location and to all target populations) and recommended improvement strategies.

Strategy Components

- a. Development of the Consortium Network
- b. Report finding to the Pinal Regional Partnership Council
- c. Outreach & Expansion Grants available based on findings reported to the Regional Council

Family support and education is a critical need in the Pinal region. Not only do families require information about child development, access to high quality early care, and education programs, but they also can benefit from increased knowledge about available resources as well as recognition that they may need such as resources and support. While some families throughout the region may qualify for and participate in home visiting programs, many other families may not be comfortable with that type of service and may prefer to access services in other settings in which they feel secure

This strategy provides an opportunity for existing community-based programs to expand to underserved and un-served areas in the region. It also allows for collaboration among a variety of community/neighborhood locations that already draw families, such as schools, libraries, faith-based organizations, early care and education facilities, and even businesses where parents are employed. Further, this strategy also targets home care providers who are unregulated but can benefit from education and support services.

Programs providing family education and support services through this strategy must address one or more of the following focus areas:

- Child/family literacy
- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families support
- Resource and referral information
- Health-related issues (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes)

This strategy will support delivery of additional parenting education curriculum to strengthen parenting

skills. While research supporting utilization of a parenting education program is important, it should be noted that many programs that lack a formal evidence base may still produce desired outcomes and improvements for participants.¹

Expansion of parenting education programs will occur strategically in the region. The Family Support Consortium will provide a report to the Pinal Regional Partnership Council that describes existing parenting education services, gaps in service (taking into consideration availability of services by location and to all target populations), and recommended improvement strategies. Based on these recommendations, parenting education programs will be expanded to fill the identified gaps and recommendations.

Research Notes

¹*Ibid. Going to Scale with High-Quality Early Education, Early Childhood Funders' Collaborative*

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health

Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being

Target Population:

This strategy is intended to target all families within the Pinal region and Ak-Chin Tribal Community.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
a. Development of a Consortium Network	a. 4 reports	a. 4 reports	a. 4 reports
b. Community Based Expansion Grants	b. TBD	b. TBD	b. TBD

Performance Measures SFY 2010-2012

1. Percentage of Consortium Network participants / stakeholders reporting an increase in knowledge about other service providers and satisfaction with level of coordination
2. Percentage of families that reported satisfaction with information on high quality early care
3. Number of programs and percentage of families that reported satisfaction with provided family support
4. Percentage of families showing increases in parenting knowledge and skill after receiving family

support	
<p>How is this strategy building on the service network that currently exists: Several agencies operate parent education classes and related services. This strategy allows for building on existing resources by allowing them to expand and serve areas or targeted populations they do not currently serve. This strategy targets expansion of those resources to underserved locations in the region.</p>	
<p>What are the opportunities for collaboration and alignment: This strategy creates numerous opportunities for collaboration. Successful applicants will be required to participate in the Consortium Network. Through the consortium network participants will have opportunities to collaborate, reduce duplication, address gaps in service, and coordinate service delivery. The outreach workers will further facilitate collaboration among various home visiting programs.</p>	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$250,000.00
<p>Budget Justification:</p> <p>\$50,000.00 – For the Development of a Consortium Network – Monthly meetings to gather data, provide education, materials, and information sharing for grantees that receive funding.</p> <p>\$200,000.00 – With the intent to award between 10 and 20 grants at \$10,000 - \$20,000 each. This allocation is intended to allow for the enhancement and/or expansion of existing program. Costs may include supplies, materials, printing, and distribution, possible storage of materials, personal cost, and travel. Applicants will identify which of the five areas of focus their outreach activities will address:</p> <ol style="list-style-type: none"> 1. Child/family literacy 2. All domains of child development (physical, cognitive, social, emotional, language, aesthetic) 3. Natural support for families/peer support 4. Resource and referral information 5. Health related issues (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes) 	

Strategy #9: Increase the number of tuition-based college coursework scholarships available beyond the statewide First Things First initiative

Identifying ways to support the professional development of the early care and education workforce is a priority of the Pinal Regional Partnership Council. The key to quality care is linked to the education and stability of the early education workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is extensive research showing that the education and training of teachers and administrators is strongly related to the early childhood programs quality and that predicts development outcomes for children.

Three components of this strategy include

- a. Professional Career Pathways Project (PCPP) college scholarships. Scholarships would be for center or family child care providers not eligible for T.E.A.C.H. (providers do not work within a regulated home or work at a center that refuses to participate in T.E.A.C.H, due to cost and commitment)
- b. National Child Development Associate (CDA) certification process (students that are not eligible for T.E.A.C.H. or Professional Career Pathways Project)

And in year three

- c. Purchase additional T.E.A.C.H. scholarships for center based and family child care providers

*The Pinal Regional Partnership Council has also dedicated funds to the statewide Quality First (strategy 4) initiative, and within that effort increased regional access and participation in T.E.A.C.H. in years 1-3.

Professional Career Pathways Project (PCPP) scholarships would be available to those who do not qualify for a T.E.A.C.H. scholarship (providers do not work within a regulated home or work at a center that refuses to participate in T.E.A.C.H, due to cost and commitment) and would cover only early childhood coursework that prepares them to be eligible for a Child Development Associate credential.

The PCPP is a scholarship program offered at community colleges throughout Arizona for early childhood education classes. Funding is currently provided through the Arizona Department of Economic Security, Child Care Administration. To be eligible, individuals must be employed or volunteer in center-based programs, family child care provider homes, or family group homes. The program pays tuition and registration fees for specific courses in early childhood education, including those necessary for the Child Development Associate (CDA) credential, and early childhood coursework for Community College Certificate of Completion and Associate of Applied Science in Early Childhood Education.

Participants must work with an Early Childhood Education advisor to identify a pathway and pursue the early care and education coursework that accomplishes that pathway. In addition, participants must complete all courses paid for by the PCPP with a grade of "C" or better to be eligible for continued scholarships. All coursework must meet the requirements to obtain the CDA, Certificate of Completion, or 2 year associate degree in early childhood.

CDA - Second part of this strategy would be to increase the number of child care providers applying for a National Child Development Associate (CDA) certification process. The Regional Council realizes that there are many providers who have completed the necessary coursework and/or workshops in order to apply for the National Child Development Associate (CDA) credential. For many providers this is a requirement of their employer in order to continue employment. The assessment fee is a significant amount of money that many child care providers cannot afford. It is the desire of the Regional Council to provide scholarships in order to obtain the credential. Research shows that early care professionals

will attain more two and four-year degrees after CDA credentialing.¹

T.E.A.C.H. - Third part of this strategy will provide additional T.E.A.C.H. scholarships beyond the scholarships purchased through the *Quality First!* programs in year 2012. The Pinal Regional Partnership Council will be supporting T.E.A.C.H. in years one and two by expanding the number of *Quality First!* programs.

T.E.A.C.H. funding supports coursework, tuition, fees, materials, and supplies, travel costs, students' own child care costs, substitute staffing, and academic support. Compensation can include stipends, reimbursements, rewards, awards, bonuses for education completion, and retention initiatives.

Participants in any of these professional development opportunities will be asked to **commit to a service obligation in the region**. Participants will commit to continuing their employment in the early care and education programs to the equivalent of their scholarship time (example: one year scholarship equals one year of work following end of scholarship).

Research Notes

¹ CDA Credential is Essential to Early Childhood Professionals, Bredekamp s., www.cdacouncil.org

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce

Key Measures:

Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development

Total number and percentage of professionals working in early childhood care and education who pursuing a credential, certificate, or degree

Retention rates of early childhood development and health professionals

Target Population:

Providers, caregivers, and directors who are identified as needing additional professional development in the form of college credit. All areas for the Pinal region would be eligible for participation. Professional Career Pathways Project scholarships would be available for students not eligible for T.E.A.C.H. who may be working in unregulated homes or may be students not working in a center, but wish to become early childhood teachers. The CDA scholarships will target participants who have completed coursework/workshops to meet the functional areas of the CDA and who cannot afford to pay for the assessment fees.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
a. Professional Career Pathways Project	a. 40 Students b. 40 Applications c. 0	a. 40 Students b. 80 Applications c. 0	a. 40 Students b. 120 Applications c. 64 Students
b. CDA			

c. T.E.A.C.H.			
Performance Measures SFY 2010-2012			
<div>1. Number of students receiving scholarships/proposed service numbers</div> <div>2. Number of scholarships college credit/proposed service numbers</div> <div>3. Total number and percentage of early care and education professionals applying and obtaining their Child Development Associate (CDA) credential/proposed service #</div> <div>4. Number of individuals hold a CDA in the region/previous years</div> <div>5. Number of unduplicated participants in early care and education course work/last year</div> <div>6. Number of unduplicated credits in early care and education course work/last year</div> <div>7. Number of successful credits completed/number of credit scholarships</div>			
How is this strategy building on the service network that currently exists: <div><div>• DES/Central Arizona College has been implementing the Professional Career Pathways Project (PCPP) with proven success serving the providers in the Pinal region.</div><div>• Via the statewide initiative <i>Quality First!</i> and T.E.A.C.H. scholarships will be provided for QIRS participants – These additional scholarships will increase the service numbers and eligible population.</div><div>• Many providers have the coursework/workshop hours necessary to apply for their CDA, but need funding for the assessment fee and support in compiling the application. The Professional Career Pathways Project scholarship program offers scholarships to a limited number of family child care providers. The proposed funding will include scholarships for center-based as well as increase the number of scholarships available to family child care providers.</div></div>			
What are the opportunities for collaboration and alignment: <div><div>• Professional Career Pathways Project (PCPP) is a natural beginning for those who have not enrolled in college credit bearing courses before and is intended for providers who are interested in preparing to apply for the CDA credential.</div><div>• The T.E.A.C.H. Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities and evaluation.</div><div>• Opportunities to collaborate with Central Arizona College which is providing the coursework to prepare for the CDA.</div></div>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy		\$126,250.00	
Budget Justification: <div>Professional Career Pathways Project \$76,000.00 – The Pinal Regional Partnership Council determined the funding based appoint the following;</div> <div>40 Students @ \$1,875.00 for 15 credits @ 125.00 per a credit hour.</div> <div>National Child Development Associate (CDA) \$50,250.00</div>			

CDA total cost– Application, materials, mentoring and observation.

Year 1 - CDA = \$50,250.00 / 40 Students

- New - 30 @ \$1,650.00 = \$49,500.00
- Renewal - 10 @ \$75.00 = \$750.00

T.E.A.C.H. \$103,000.00 – Funding will start in year three. The Pinal Regional Partnership Council determined the funding per scholar will be \$1,600 per scholar per year for 64 students. Exact bonus and release time hours established by the administering agency are not available at the time of this funding plan, so these amounts may need to be adjusted to align with the T.E.A.C.H. model for Arizona once it is finalized. The number of scholars will increase yearly based on the increases in regionally funded *Quality First!* slots. The Pinal Regional Partnership Council would also like to see a regional survey conducted in year two of all T.E.A.C.H. participants within the *Quality First!*.

Strategy #10: Expand and Enhance Existing Community Based Early Care and Education Training and Professional Development Support

The Pinal Regional Partnership Council recognizes that community based trainings are part of the career path for an early child care provider. Every year a child care provider is required to receive 12 or more hours of training within DHS required areas (R9-5-403). Currently, there are limited early care education services throughout the Pinal region that offer short-term training for early childhood professionals on an informal level. Child care programs are currently using staff meetings, video trainings and/or having to drive over 60 miles to fulfill DES required hours. This strategy would expand the number of early care education monthly trainings and community outreach to provide to all communities within the Pinal region. The Regional Council feels this is a stepping stone for a child care professional to continue on to their (CDA) National Child Development Associate credential and beyond. Through two separate components the grantee will train and provide professional development mentoring and educational materials.

Research demonstrates that the most effective types of professional development interventions include content-based workshops as well as hands-on, one-on-one mentoring, coaching or consultation.¹ A national, multi-state evaluation on consulting as professional development concluded that on-site consultation resulted in improvements in observed quality over time, and strong improvement for both center-based care as well as family child care on factors on Harms' environmental rating scales.²

Strategy Components include:

- a. Community Based Professional Development Monthly Training (CBT) – Trainings will be provided region-wide. Training will target under and un-served areas of the region.
- b. Professional Development Outreach Specialist (PDOS) – Will provide professional development consultation through mentoring, planning, coordination and referral to early child care provider.

Community Based Training- Training opportunities will be enhanced with a pre and post evaluation system of the training experience, including focus groups to measure the overall effectiveness of the

program. Professional development training will be focused on the functional areas of the Child Development Associate credential (CDA); health and safety, nutrition, child development, program management, working with parents, curriculum, assessment, learning environments, and professionalism. Participants will be encouraged and supported to become regulated and to continue their education through CDA certification and college course work.

Professional Development Outreach Specialist– This specialist would work with early childhood programs to develop a professional development training plan. Services to also include referral to existing opportunities and provision of resources for professional development.

The professional development training and outreach specialist will be required to show successful outcomes through evaluations and outcome measures. All efforts must also demonstrate results in enrolling their participants in credential, certificate, or degree programs in early childhood development.

Research Notes

¹ *Lessons for Policy and Programs, Paulsell, et al., 2008*

² *Bryant, 2007*

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

Retention rates of early childhood development and health professionals

Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

Target Population This strategy is intended to target all types' child care providers within underserved and un-served area in the region to include the Ak-Chin Tribal Community. PDOS will server program not participating in *Quality First!* or other First Things First quality improvement strategies.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
a. CBT - Community Based Training			
Currently providing in 2 location	a. 8 locations county wide – 144 trainings/1,500 individuals	a. 8 locations county wide – 144 trainings/1,500 individuals	a. 8 locations county wide – 144 trainings/1,500 individuals
b. PDOS - Professional Development Outreach Specialist	b. 25 Early Child Care Centers	b. 25 Early Child Care Centers	b. 25 Early Child Care Centers

Performance Measures SFY 2010-2012

1. Total number and percentage of early care and education professionals entering into a college Child Development Associate (CDA) program/proposed service #.
2. Increased knowledge and understanding of participates.
3. Number of early care and education with professional development plans/actual services

<p>numbers.</p> <p>4. Number of centers hitting benchmark for program on professional development plan.</p>	
<p>How is this strategy building on the service network that currently exists:</p> <p>This strategy is designed to work in compliment with existing services and the Regional Council Strategies in this plan. The training directly within the CDA competency goals creates a bridge to CDA enrollment (supported by professional development strategies). It is hoped that these community based trainings will lead to increased coursework and degrees in early childhood fields.</p>	
<p>What are the opportunities for collaboration and alignment:</p> <p>Align with other agencies and organizations that promote leadership and professional development (e.g., CAEYC, AzAEYC, Chase Emergent Leaders)</p> <p>Collaborate and coordinate with existing training and professional development resources in the region. Participate in the Consortium, coordinate with other Pinal Regional Council strategies</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
<p>Population-based allocation for proposed strategy</p>	<p>\$250,000.00</p>
<p>Budget Justification:</p> <p>\$150,000.00 - Community Based Professional Development Monthly Training – \$100,000.00 –Cost Estimates include personal cost, personal training, and mileage. \$50,000.00 to conduct trainings, material, supplies and meeting cost.</p> <p>\$100,000.00 - Professional Development Outreach Specialist – \$80,000.00 - Cost Estimates include personal cost, personal training, and mileage. \$20,000.00 - Outreach cost, materials and lending library.</p> <p>*Second year CBT funding decreases by \$30,000.00 due to first year start-up cost accomplished. PDOS funding cost decreases by \$20,000 due to first year start-up cost accomplished.</p>	

<p>Strategy #11: Implement a salary incentive program to increase wages and retain the early care and education workforce</p> <p>The high turnover of the early childhood workforce directly impacts the quality of care for children. In order to improve the retention of early childhood professionals it will be important to enhance compensation to staff as an incentive to further the education and stay in the field. The salary incentive program will provide education-based salary supplements to low paid teachers, directors, and family child care providers working with children between the ages of 0 – 5. This is designed to provide preschool children with more stable relationships with better educated teachers, by rewarding teacher education and continuity of care. The Pinal Regional Partnership Council will use the model First Things First ultimately uses as a compensation enhancement program. According to the recent Wage and Compensation survey, the median hourly wage for child care teachers is only \$9.75 – below poverty level wages for a family of 4. Fewer than 3 out of 10 employers require child care teachers to have any college education (27 percent in 2007 compared to 39 percent in 1997). More than 4 out of 10 child care teachers do not have a degree or certificate beyond a high school diploma. More than 1 out of 4</p>

teachers has been on the job for 1 year or less, threatening the consistency that young children need.

A wage enhancement program would address two key issues affecting quality and access in early care and education settings: 1) Retention of teachers and staff and 2) Qualifications of teachers and staff. Consistency of care in early education settings allows children to bond with their teachers and feel safe, thereby creating an environment conducive to learning. Wage enhancement programs provides incentivize to teachers, staff, and family child care home providers to stay in the field and at their place of employment over time. Wage enhancement programs is also an incentive to teachers, staff, and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

First Things First policy staff is currently researching salary enhancement models, and the Regional Partnership Council will implement the model that First Things First ultimately selects as a wage compensation and retention incentive program.

Lead Goal: FTF will increase retention of the early care and education workforce.

Key Measures:

Retention rates of early childhood development and health professionals
Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

Target Population:

This strategy targets scholars who are participating in T.E.A.C.H. and who will receive wage enhancement upon completion of educational steps. The regional allocation for this strategy assumes that 80 percent of region-funded T.E.A.C.H. scholars will complete educational goals.

FY10: 80 percent of 55 T.E.A.C.H. scholars = 44 scholars

FY11: 80 percent of 71 T.E.A.C.H. scholars = 57 scholars

FY12: 80 percent of 151 T.E.A.C.H. scholars = 121 scholars

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	44 scholars	57 scholars	151 scholars

Performance Measures SFY 2010-2012

1. Total number and percentage of early care and education professionals at an assistant teacher level retained for 2 years/proposed service #
2. Total number and percentage of early care and education professionals at a lead teacher level retained for 2 years/proposed service #
3. Total number and percentage of early care and education professionals at a director level retained for 2 years/proposed service #

How is this strategy building on the service network that currently exists:	
<p>This strategy directly ties into T.E.A.C.H. and <i>Quality First!</i> and builds on both.</p> <p>A cornerstone of a wage enhancement project is that higher education levels lead to increased stipend amounts. This incentive leads to increased coursework and degrees in early childhood fields.</p> <p>Ultimately higher education leads to better qualified teachers and directors and therefore higher quality early education for all children. All this is accomplished without raising the cost for parents or centers.</p>	
What are the opportunities for collaboration and alignment:	
<p>There is great interest from the early childhood community and throughout the state in tying to increase compensation for increased levels of education. This strategy is also under consideration by several other Regional Partnership Councils.</p>	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$ 50,000.00
<p>Budget Justification:</p> <p>Depending on what First Things First adopts as a statewide strategy for incentive compensations, the specific amounts of compensation are yet to be decided. Compensation packages may be established at different rates for different levels; i.e. less for someone completing an Associate's Degree than someone completing a Bachelor's Degree. If First Things First has not identified a compensation plan by FY2010, funds would be carried forward to implement the plan regionally, once First Things First identifies what will be supported at the state level. Specific amounts designated for a salary incentive program are \$50,000 per year.</p>	

<p>Strategy #12: Coordinate and implement a regional scholarship system to recruit new professionals to the early child care workforce</p> <p>The Pinal Regional Partnership Council has identified a critical need to encourage new professionals into the field of early care and education. Currently programs in the region are unable to finding substitutes, filling teacher vacancies, and finding highly qualified staff. Major factors in the shortage of early care and education workforce are low compensation, lack of benefits, and the resulting high turnover rate. This issue is a recurring concern for the Pinal Regional Partnership Council because there is a lack of recruitment of highly qualified early care professionals. The Regional Council participated in several discussions with local early care and education stakeholders and found that there is a critical need for recruitment of new professional into the early care and education field.</p> <p>This strategy would expand the number of new professionals entering the early care and education workforce. Scholarships will be made available to recent high school graduates and nontraditional students (older students, career change, stay-at-home parents, and returning college students) that do not qualify for T.E.A.C.H. and Professional Career Pathways Project, because they are not currently employed in early care. Scholars will be required to volunteer a minimum of 3 hours a week at a <i>Quality First!</i> Center. Early childhood education scholarships will pay for tuition, books, fees, materials, and supplies associated with the early care and education courses and the course activities only.</p> <p>Research strongly suggests that the quality of child care is tied to wages, education, and retention of teachers. Teachers with higher levels of education tend to be paid more, and higher-paid teachers tend</p>

to remain in the same job for a longer period of time. In addition, the education level of teachers has been linked to quality of care.¹

In a recent study, researchers at Indiana University explored the link between educational attainment and teacher's beliefs about early childhood education. They found when teachers had a higher education level, regardless of the major area of study; they were more likely to support developmentally appropriate practices. The researchers did find, however, that teachers with coursework specific to working with young children were more likely to support child-initiated learning, such as allowing children to select some of their own activities, valuing active exploration in children's learning, and respecting students' individual differences when planning curricula. Based on these findings, researchers have suggested that while it is important to provide specific training courses to professional care providers, it may be more important to recruit highly-educated individuals to the field. The ability to recruit highly-qualified teachers is strongly tied to the ability to compensate them adequately.²

"This investment in workforce development represents a major first step in ensuring we have an adequate supply of qualified caregivers and teachers who can give our children the early learning boost they need to succeed in school and in life." LA County Supervisor Gloria Molina, First 5 LA Chair.³

All participants in these professional development opportunities will be asked to commit to a service obligation in the region. Participants will commit to future employment in the early care and education programs for the equivalent to their scholarship time (example: one year scholarship equals one year of work following end of scholarship).

Research Notes

¹ *Demographic Characteristics of Early Childhood Teachers and Structural Elements of Early Care and Education in the United States*, "G. Saluja, D. M. Early and R. M. Clifford, *Early Childhood Research and Practice*, Spring 2002

² *Staffing recruiting and retention in early childhood care and education and school-age care*, *Children & Family Learning*, April 2001

³ *Recruiting and Training Preschool Teachers, Caregivers, First 5 LA Champions for our children*, November 2005, www.first5la.org

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development

Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Target Population: This recruitment strategy targets recent high school graduates and nontraditional students that are not working in the early care and education field and do not qualify for T.E.A.C.H. and Professional Career Pathways Project because they are currently not employed in a child care home or center.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 - June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	15 Students @ 24 credits per a year	15 Students @ 24 credits per a year	15 Students @ 24 credits per a year

	each	each	each
Performance Measures SFY 2010-2012 1) Number of scholarship recipients/ proposed service # 2) Number of scholarship recipients gain employment in early care and education field/actual service # 3) Number of scholarship recipients attaining credential, certificate, or degree in early childhood development 4) Number of unduplicated participants in early care and education course work/ proposed service # 5) Number of unduplicated credits in early care and education course work/ proposed service #			
How is this strategy building on the service network that currently exists: This strategy will work with the <i>Quality First!</i> Programs, Professional Career Pathways Project and Pinal County Tech Prep Consortium.			
What are the opportunities for collaboration and alignment: The Pinal County Tech Prep Consortium is currently working with over 10 regional high schools to recruit new professional into the early care and education workforce through college prep course work during high school.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy		\$75,000.00	
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. 15 Full Time Scholarships for an Associate Degree in Early Childhood Education - Early Childhood Education Scholarship will pay for tuition at \$125.00 per a college credit, books, fees, materials and supplies.			

Strategy #13: Develop an Awareness Campaign about early childhood development, health and First Things First increase awareness of programs and services through distribution of resource information Specifically the Pinal Regional Partnership Council will focus on the following: <ul style="list-style-type: none"> Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region. Advocate for public policy change and increased resources on behalf of young children and their families. The Pinal Regional Partnership Council recognizes the importance and effectiveness of working in partnership with the Regional Councils and First Things First Board, speaking with one unified voice for young children to mobilize the community around a call to action. The Pinal Regional Partnership Council will determine the mechanisms most appropriate for this region to deliver the messages as

developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."¹

Furthermore, communication is among the most powerful strategic tool that inspires people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urges the media to make it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind, and what solutions will be judged appropriate to the problem. Communication defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.²

The Pinal Regional Partnership Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Regional Councils and First Things First Board to further define the community awareness and mobilization effort. The Regional Council believes that this strategy is critical to the success of First Things First and will set aside \$50,000 each year in order to sustain the services and supports children need overtime.

Research Notes

¹Luntz, Maslansky Strategic Research Analysis (2008). *Communicating About Children. Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.

²FrameWorks Institute (2005). *Talking Early Child Development and Exploring the Consequences of Frame Choices*.

Lead Goal: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures

Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters

Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

Target Population (Description of the population to reach): This strategy will target the Pinal region's entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc., will be determined and will be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Councils and State Board.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 - June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers			

	TBD	TBD	TBD
Performance Measures SFYs 2010 – 2012			
TBD			
How is this strategy building on the service network that currently exists: Current projects for outreach and enrollment exist and have shown some success. Program providers report that these existing efforts are inconsistent and intermittent due to limited funding, planning, and coordination.			
What are the opportunities for collaboration and alignment: The proposed strategy would require the grantee to convene an advisory group to develop a plan to identify current outreach and enrollment activities, develop a plan to coordinate with these efforts, and establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$ 50,000.00		
Budget Justification: Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3 percent of a regional allocation would be adequate to support this strategy. The Pinal Regional Partnership Council will allocate \$50,000 for this strategy which is slightly more than 1 percent of the allocation.			

IV. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$4,572,030
Expenditure Plan for SFY2010 Allocation	
Strategy 1 - Planning for Health Conference	\$15,000
Strategy 2 - Health Outreach	\$300,000
Strategy 3 - Oral, Vision and Hearing Screenings	\$500,000
Strategy 4 - Quality First!	\$687,700
Strategy 5 - Health and Mental Health Consultants	\$130,000
Strategy 6 - Recruit and Support Home Providers	\$355,000
Strategy 7 - Home Visiting	\$400,000
Strategy 8 - Family Education and Support	\$250,000
Strategy 9 - PCPP & CDA	\$126,250
Strategy 10 - Monthly Trainings & Outreach	\$250,000
Strategy 11 - Salary Incentive	\$50,000
Strategy 12 - New Recruit	\$75,000
Strategy 13 - Awareness Campaign	\$50,000
Evaluation	\$200,000
Regional Needs & Assets	\$50,000
Subtotal of Expenditures	\$3,438,950
Fund Balance (undistributed regional allocation in SFY2010)*	\$1,133,080
Grand Total (Add Subtotal and Fund Balance)	\$4,572,030

*Provide justification for fund balance:

A fund balance has been intentionally built into the budget to ensure adequate funding in subsequent years. The service levels for 4 of the 13 strategies will increase each year through FY2012 as capacity to implement the strategies and deliver the required services is developed in the region.

The Pinal Regional Partnership Council was diligent in setting the scope of work and wanted to be conservative with funding until they had a true understanding of the needs in the Pinal region. After completion of our surveys and the 2012 needs and assets report, the Regional Council will evaluate and enhance current strategies.

The Pinal Regional Partnership Council has allocated \$75,000.00 (\$50,000.00 from SFY 2010 and \$25,000.00 from SFY 2011) for a comprehensive regional needs and assets report and \$200,000.00 for evaluation. The Regional Council feels that 4.5 percent of the total allocation is needed to evaluate all recommended strategies.

A fund balance has been intentionally built into the budget to provide funding in subsequent years to support the growth of several strategies. Strategies 3, 4, 5, and 9 are developed to continue support over 3 years for the initial group of participants identified and funded in SFY2010. The Pinal Regional Partnership Council would like to increase the number of new participants in the same 4 strategies in SFY2011 and SFY2012 as capacity to implement the strategies and deliver the required services are develop regionally. In order to be able to do this, the Regional Council will need to maintain a fund balance to supplement the regional allocations for SFY2011 and SFY2012.

**V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan:
July 1, 2010 through June 30, 2012**

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$4,572,030	\$4,572,030	\$4,572,030	\$13,716,090
Fund Balance (carry forward from previous SFY)	N/A	\$1,133,080	\$1,507,260	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 - Planning for Health Conference	\$15,000	\$100,000	\$100,000	\$215,000
Strategy 2 - Health Outreach	\$300,000	\$300,000	\$300,000	\$900,000
Strategy 3 - Oral, Vision and Hearing Screenings	\$500,000	\$550,000	\$600,000	\$1,650,000
Strategy 4 - Quality First!	\$687,700	\$1,016,350	\$1,345,000	\$3,049,050
Strategy 5 - Health and Mental Health	\$130,000	\$450,000	\$450,000	\$1,030,000
Strategy 6 - Recruit and Support Home Providers	\$355,000	\$355,000	\$355,000	\$1,065,000
Strategy 7 - Home Visiting	\$400,000	\$400,000	\$400,000	\$1,200,000
Strategy 8 - Family Education and Support	\$250,000	\$250,000	\$250,000	\$750,000
Strategy 9 - PCPP, CDA & T.E.A.C.H.	\$126,250	\$176,500	\$329,750	\$632,500
Strategy 10 - Monthly Trainings & Outreach	\$250,000	\$200,000	\$200,000	\$650,000
Strategy 11 - Salary Incentive	\$50,000	\$50,000	\$50,000	\$150,000
Strategy 12 - New Recruit	\$75,000	\$75,000	\$75,000	\$225,000
Strategy 13 - Awareness Campaign	\$50,000	\$50,000	\$50,000	\$150,000
Evaluations	\$200,000	\$200,000	\$200,000	\$600,000
Regional Needs & Assets	\$50,000	\$25,000	\$50,000	\$125,000
Subtotal Expenditures	\$3,438,950	\$4,197,850	\$4,754,750	\$12,391,550
Fund Balance* (undistributed regional allocation)	\$1,133,080	\$1,507,260	\$1,324,540	
Grand Total	\$4,572,030	\$5,705,110	\$6,079,290	

Budget Justification:

This three-year expenditure plan assumes a stable regional allocation of \$4,572,030. Even though the population of children ages 0-5 in the Pinal region has grown, the rate of growth is lower in other parts of the state, which may result in a decrease in allocation for the region. This is one reason to build in a significant fund balance of \$1,133,080.00. In addition, the majority of the strategies have increased

service levels over the 3 years, so the fund balance allows for this growth while maintaining funding for each strategy.

When reviewing the 3 year expenditure plan a shortfall is noted of \$162,720.00 at the end of SFY2012. There will be a completion of 23 center/homes from the *Quality First!* strategy in SFY2012 which decreases this strategy cost from \$1,345,000.00 in SFY2012 to \$985,950.00 in SFY2013 therefore adequate funding is available for sustaining all other strategies.

Discretionary and Public/Private Funds

The Regional Partnership Council has not fully developed strategies to respond to all of the regions needs. Given additional time, the Regional Council will identify additional approaches to address regional needs.

The Pinal Regional Partnership currently has no unfunded strategies identified, and is therefore not making any specific recommendations for use of discretionary funds. However, the region anticipates the need to seek additional public and/or private dollars to support sustainability of strategy implementations in SFY2013 and beyond.